

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000006568

Entity Name: ONES STORY INC.**Current Principal Place of Business:**550 N. REO ST
SUITE 300
TAMPA, FL 33609**Current Mailing Address:**550 N. REO ST
SUITE 300
TAMPA, FL 33609 US**FEI Number:** 83-4375425**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROWN, CAROLYN L
11742 ALBATROSS LANE
RIVERVIEW, FL 33569 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|---------------------------|
| Title | PRE |
| Name | BROWN, CAROLYN L |
| Address | 550 N REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33569 |

| | |
|-----------------|----------------------------|
| Title | OFF |
| Name | AREAMA, KHASI |
| Address | 550 N. REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|----------------------------|
| Title | TRU |
| Name | NUNNULY, ANNETTE |
| Address | 550 N. REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|----------------------------|
| Title | SEC |
| Name | FILMORE, MONICA |
| Address | 550 N. REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|----------------------------|
| Title | ADV |
| Name | HOGGINS, MICHELLE |
| Address | 550 N. REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|----------------------------|
| Title | TREASURER |
| Name | WRIGHT, ANNETTE M |
| Address | 550 N. REO ST SUITE 300 |
| City-State-Zip: | TAMPA FL 33609 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLYN L BROWN**PRESIDENT****04/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date